PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		<u>, </u>					
	February 1 to February 15 t	County Supering State Superint	endent		May 24 to	County Supering State Superinter	tendent ident
EIE IHI	S CLAIM FOR	STATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:	
n is for the	period beginning _		,	20 and er	nding	,2	20
		month	day		m	onth da	y
CATION	N :						
mation on t	this form is complet	e and accurate to th	e best of my kn	owledge.			
	Si	ignature, Chair, Board	d of Trustees				
	D	istrict:				District Lev	vel:
ty	0	508 J-I K-12	Schools			High So	chool
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
J	I-1	170	1.15	53	07/27/04		
J	J-2	112	0.95	47	08/21/04		
J	J-3	131	0.95	16	07/27/04		
J	shuttle #1	20	0.95	47	08/21/04		
J	SHUTTLE #2	2 20	1.15	53	07/27/04		
	CATION mation on the ty	February 1 to February 15 t ETE THIS CLAIM FOR In is for the period beginning	February 15 to State Superint ETE THIS CLAIM FOR STATE REIME is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent

TR-6 (1/05) Page 1

PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 26 Liberty 0510 Chester Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage Per Mile Capacity Inspection 50 33 10 60.1 0.95 47 07/27/04 50 33 4 80.3 0.95 47 07/27/04 50 33 4Non 80.3 47 07/27/04 0.50 5 0.95 50 33 83.2 47 07/27/04 6 50 33 67.8 0.95 41 07/27/04 50 33 6Non 67.8 0.50 41 07/27/04 50 7 0.95 48 33 110.5 07/27/04

TR-6 (1/05) Page 1

PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 26 Liberty 0511 Chester H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 50 33 10 60.1 0.95 47 07/27/04 50 33 4 80.3 0.95 47 07/27/04 50 33 4Non 80.3 47 07/27/04 0.50 5 0.95 50 33 83.2 47 07/27/04 6 50 33 67.8 0.95 41 07/27/04 50 33 6Non 67.8 0.50 41 07/27/04 50 7 0.95 48 33 110.5 07/27/04

TR-6 (1/05) Page 1